

DUPLICATE QUESTIONNAIRE

PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION FOR DUPLICATE TITLE

1) List your full name and date of birth:

FULL NAME:

DATE OF BIRTH:

2) What is your Michigan driver license number (if available)?

3) List your last two Michigan addresses.

a)

b)

4) What is your Michigan license plate number (if available)?

5) When did you purchase the vehicle listed on your duplicate application form?

6) This vehicle was purchased from: (Dealer or Previous Owner's Name)

7) Who financed your vehicle at the time of purchase?

8) Give the name and address of the Michigan insurance company that insured this vehicle.

9) List the date you moved from the State of Michigan.

SIGNATURE OF OWNER _____ DATE _____

Mail this form, your completed application for a title (TR-11L), and required fee to:

**Michigan Department of State
Out of State Resident Services Unit
7064 Crowner Drive
Lansing, MI 48918
(517) 322-1473**